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Exploring Icebreakers in Nursing Education Through a Mixed-Methods Design: Helpful or Harmful?

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Nursing education programs are professional learning communities in which individual needs are met through the collective efforts of educators and students (Hudson, 2023). Stott and Mozer (2016) suggest that this sense of community should be established early, allowing students to feel welcomed, supported, and connected. Nursing students who report a strong sense of community have been found to have improved academic performance and improved health and well-being (Montague et al., 2022). Therefore, nurse educators should strive to create optimal environments for students that are comfortable, safe, and conducive to learning.

Icebreakers are well established in academic settings. Icebreakers are strategies nurse educators may employ to create optimal learning environments and to strengthen the professional learning community with the intention of helping students become acquainted with one another and their instructor (Billings & Halstead, 2019). Anecdotally, nurse educators view icebreakers positively, without any consideration of robustness of the teaching strategy—a finding evidenced in the literature retrieved in our literature review, in which most articles are descriptions of the teaching strategy, lacking any formal evaluation (Barnes, 2023; Davis, 2021). Additionally, during our literature review, we discovered a complete lack of empirical studies investigating whether icebreakers strengthen the professional learning community within nursing education or if they have unintended consequences.

To improve our understanding of this educational activity, this study aimed to discover students' perceptions and experiences of icebreakers in their undergraduate nursing program. This research uses a critical lens to help understand the ways in which icebreakers are perceived and experienced by students. The following research questions guided this study:

1. How do undergraduate nursing students experience icebreaker activities during their undergraduate nursing program?
2. How do undergraduate nursing students perceive the use of icebreakers within their undergraduate nursing program?

Background

Icebreakers are a universal teaching technique designed to reduce anxiety and facilitate social interaction among educators and students (Hoseini Shavoun et al., 2024; Stott & Mozer, 2016). Icebreakers are widely regarded as a best practice for enhancing student engagement in both in-person and online learning environments (Hoseini Shavoun et al., 2024). Examples of icebreakers include partaking in team-building exercises, sharing a lived experience, articulating goals for the future, or disclosing personal preferences. Icebreakers are intended to "break the ice" by encouraging students to share information in a fun and non-threatening manner (Stott & Mozer, 2016). The goal of the activity is to allow students to express something personal, which is thought to soften the learning experience and create trust (Scott & Mozer, 2016). Icebreakers attempt to provide students with an easy and safe way to establish their social presence and initiate communication, which can promote the establishment of the learning community, particularly for classes requiring group work (Conrad & Donaldson, 2004; Herrman, 2011).

According to Hoseini Shavoun et al. (2024), icebreakers are essential for effective learning and play a critical role in academic settings to create dynamic learning environments. Overall, icebreaker activities are positively regarded in the literature for developing social skills, building trust, relieving inhibitions, and promoting communication among group members, despite a lack of empirical evidence to reinforce these claims (Conrad & Donaldson, 2004; Davis, 2021; Dressel, 2020; Hoseini Shavoun et al., 2024; Stott & Mozer, 2016). Hoseini Shavoun et al. (2024) similarly identify challenges in incorporating

icebreakers in culturally diverse classroom environments, in which icebreaker activities may unintentionally alienate or offend students. Furthermore, classroom dynamics, such as existing social hierarchies, can influence the effectiveness of icebreakers and can lead to unsafe learning environments (Hoseini Shavoun et al., 2024).

The current study was informed by the experiences of the authors, who are white, cisgender, heterosexual, non-disabled settler women. Our research expertise lies in promoting health equity among equity-deserving populations and critically examining how the practices of nurse educators can often unintentionally perpetuate existing hierarchies and power imbalances within nursing education (Magnuson et al., 2024). We have reflected on how our privilege and power over students have, at times, unintentionally reinforced dominant beliefs about what it is to be a nurse and who can "legitimately" claim that title in the context of ongoing white dominance, colonization, cisheteronormativity, and ableism. For example, in inquiring about students' undergraduate work experience during icebreaker activities, we reflected on whether these activities perpetuate a normative understanding of career progression that may not reflect the experiences of students who belong to groups that are likelier to have more caregiving responsibilities than would typically be associated with an undergraduate student. Additionally, we have observed instances in which icebreakers prompted students to disclose socio-economic status, academic performance, religious affiliation, physical disabilities, and mental health challenges.

Although we are unclear as to how these unintended consequences affected our students, we feel morally and politically obligated to examine and disrupt any processes or structures within our teaching practices that might perpetuate inequities. To align with this critical approach, the concept of microaggressions guided our study design and analysis.

Microaggressions are understood as subtle statements and behaviours that, consciously or unconsciously, verbally or non-verbally, communicate denigrating messages to people based on some aspect of their identity (Ackerman-Barger et al., 2020). Whether intent to cause harm exists, microaggressions can perpetuate systemic racism while reinforcing power imbalances (Williams et al., 2021). The term *microaggression* was first used in the 1970s and was largely intended to represent behaviours directed at Black people (Pierce, 1970). Over time, the definition has evolved to recognize the multiple intersections of identity (Williams, 2019).

The impact of microaggressions is often minimized or disregarded; however, the consequences can be damaging and long-lasting (Williams, 2019). Ackerman-Barger et al. (2022) found that nursing students who experience microaggressions within formal education have decreased academic performance, including problem-solving and clinical judgement. Other studies have found links to depression, suicide risk, and physical symptoms of pain and fatigue among post-secondary students who experience microaggressions (Lett et al., 2020; Torres-Harding et al., 2020; Williams & Halstead, 2019). Given that evidence suggests microaggressions can adversely affect student academic success and well-being, nurse educators must take steps to understand the educational strategies such as icebreakers that may perpetuate these behaviours.

Research Design

We used an explanatory sequential mixed-methods design to answer the research questions, wherein a quantitative survey was followed by qualitative focus groups (Creswell, 2018). The intent of the explanatory sequential design is for the quantitative data to provide a general understanding of the research problem and the qualitative analysis to allow for a more in-depth exploration of participant

views. Qualitative data collection used an interpretive description approach. Interpretive description and its methodological underpinnings may be useful to inform a mixed-methods study because it can be used within a pragmatic paradigm to generate findings with practical utility (Thorne, 2016). This study received institutional ethics review board approval (Pro00132787).

Quantitative Data Collection

During the literature review, we found no validated tool to measure student perceptions of icebreakers. Most instruments measured the cumulative life experience rather than a specific event, such as an icebreaker (Lee et al., 2021; Nadal, 2011). Therefore, we developed a five-point Likert-scale questionnaire with 14 study-specific items (see Appendix A), adapted from the Racial and Ethnic Microaggressions Scale – Checklist (Nadal, 2011), which was modified in survey development to represent a specific event—in this case, an icebreaker activity and personal experience of what the authors had observed, and done themselves, within the nursing classroom. Likert scales are effective at assessing the degree of support for or agreement with a statement, and responses can be summed to create scales (Vogt et al., 2014). The Likert-scale questionnaire included both positively and negatively worded statements. According to Chyung et al. (2018), using a mix of positively and negatively worded statements in surveys helps to decrease potential response set bias, such as acquiescence bias. Additionally, using negatively worded statements in structured survey questionnaires is a widely adopted practice to reduce respondents' carelessness and resulting response set bias (Chyung et al., 2018).

Demographic data, including age, gender, year in program, employment status, and ethnicity, were collected. Ethnicity was asked using an open-ended question. This decision was supported by the work of Johnston and Nadal (2010), who acknowledge that asking individuals to choose from a prepopulated list of options to describe themselves may be perceived as a microaggression. However, collecting demographic data was important to provide the reader with an understanding of the representativeness of the sample to situate the findings. The final question of the survey was open text, inviting students to list three words that best described how they felt about icebreakers.

The survey tool underwent reliability and validity testing. To measure the internal consistency of the survey, we reverse-coded several positively worded survey items to ensure all items were worded negatively, and we conducted a Cronbach's alpha coefficient test using Statistical Package for the Social Sciences (SPSS). For the Likert-scale items, the result was 0.924, which indicates that the survey demonstrated an excellent level of internal reliability. Content validity was measured through expert review by members of the research team, including an undergraduate student. The construct validity of the Likert-scale items was measured using a Pearson correlation coefficient test using SPSS. A significant positive correlation was obtained for all items—$r > 0.6$; $p < 0.001$ (two-tailed)—indicating that the survey instrument was valid and accurately measured the same construct.

We used purposive sampling to recruit students in their third year, students in their fourth year, and after-degree students currently enrolled in a baccalaureate nursing program at a Western Canadian university. Participants were invited to complete an anonymous online Qualtrics survey ($n = 218$). Class size typically ranges from 25 to 35 students in theory and seven to 12 students in a clinical group. Icebreakers are not prescriptive within the curriculum, and the design and implementation are at the discretion of the instructor. Recruitment for this study was intentionally aimed at this group of students because they had already completed a minimum of four semesters of their nursing program and, therefore, had a higher likelihood of having participated in an icebreaker than students in first or second year, who may have not yet been exposed to them.

The research team used a three-pronged approach to recruit students. First, invitation emails were sent by a program administrative assistant, and the roster of names was not shared with the research team in order to protect the students' identities. One follow-up reminder email was sent 2 weeks after the initial invitation. Posters with a QR code were displayed on the doors of nursing classrooms. Lastly, the survey link and QR code were sent to the communications officer for the school's nursing students' association and disseminated on its Instagram page. Recruitment deliberately took place in the early weeks of the semester when icebreakers were likely to occur. Students were assured that their participation in the study was voluntary and confidential from their instructor and would not affect their grades. No data were analyzed until after the semester had concluded and final grades were released. As a recruitment incentive, upon completion of the survey, students were invited to provide their email to be entered to win one of five C$50 Amazon gift cards. The email was not connected to the survey responses.

Forty-nine out of 218 eligible students responded to the invitation to participate (22% response rate). After reviewing the raw data, the research team included 43 completed surveys in the analysis. Following the closure of the survey, the data were downloaded to Microsoft Excel, and the percentages of each response were calculated. For the question "List three words to describe how icebreakers make you feel," two members of the research team independently sorted the answers as having either a positive or a negative connotation, and the frequency of each term was tabulated with the top two positive and top two negative terms.

Qualitative Data Collection

Following completion of the online survey, students were invited to provide a contact email if they wished to participate in a follow-up virtual focus group. The questions for the semi-structured interviews were developed based on the results of the quantitative analysis and reviewed by all four members of the research team (see Appendix B).

Fifteen students provided their email addresses to indicate their interest, but despite significant recruiting efforts, only three students responded to the follow-up invitation to participate. Because only students who had participated in the quantitative phase of the data collection were invited to participate in the focus groups, students already met the inclusion criteria for the study. All students who attended the focus group received a C$10 gift card to a national coffee chain to acknowledge their contributions. The focus groups were conducted and transcribed verbatim by a graduate student research assistant. Qualitative data were analyzed using Braun and Clarke's (2006) thematic analysis, as it allows for both inductive and deductive analysis. Data analysis was conducted by three members of the research team to ensure research credibility and confirmability (Cope, 2014).

Results

A total of 49 students (22%) responded to the invitation to participate. Four of the 49 surveys were not completed beyond providing demographic data and, therefore, were removed prior to analysis. Two students did not provide answers to the Likert-scale question and were not included in that portion of the analysis. However, they provided responses to the open-ended question; therefore, their responses were included within those results. In total, 43 surveys were analyzed and reported.

Demographics

Participants in the quantitative survey included six males (13%) and 40 females (87%). Most participants (*n* = 26) identified their age range of 21 to 25 years (57%). Students were asked to self-report

what year of their baccalaureate program they were in: third year (*n* = 21; 46%), fourth year (*n* = 21; 46%), and the after-degree program (*n* = 4; 8%). We collected employment status to gain an understanding of students' hours of commitment outside of their studies. Most participants were either unemployed (*n* = 16; 35%) or worked under 10 hours per week (*n* = 17; 37%). In an open-text question, students were invited to self-report their ethnicity rather than choose from a limited list of options. Students self-identified as Caucasian, white, European, Métis, Canadian, Indian, Filipino, Asian, Hindu, Punjabi, and Korean. Four students elected not to report their ethnicity. The complete results of the student demographic information are summarized in Table 1.

Table 1

Participant Demographics

Characteristic	***n***
Gender	
Male	6
Female	40
Non-binary	0
Prefer not to disclose	0
Year in program	
Third year	21
Fourth year	21
After-degree	4
Age	
18–20	12
21–25	26
26–30	6
31–35	1
36–40	1
40+	0
Employment status	
Unemployed	16
Part-time < 10 hours per week	17
Part-time 11–20 hours per week	9

Part-time 21–29 hours per week	1
Part-time 30–39 hours per week	1
Full-time 40 hours or more per week	2
Ethnicity (open-text)	
Caucasian/white/European	27
Métis	4
Canadian	3
Indian	2
Filipino	2
Asian	2
Canadian/Hindu/Punjabi	1
Korean	1
No answer	4

Survey Results

The survey evaluated 14 items using a five-point Likert scale (1 = *strongly agree* to 5 = *strongly disagree*) to understand participants' experiences and perspectives. The findings demonstrated that participants have mixed views about classroom icebreakers.

Participants were asked to rate their agreement with the statement "Overall, I enjoy participating in icebreakers." A total of 25.6% (*n* = 11) disagreed, and 20.9% (*n* = 9) strongly disagreed with this statement, indicating that almost half of the students surveyed expressed a lack of enjoyment of icebreakers. When asked to rate their agreement with the statement "I have felt uncomfortable during an icebreaker," 44.2% (*n* = 19) strongly agreed and 23.3% (*n* = 10) agreed.

Despite students expressing discomfort with and a lack of enjoyment of icebreakers, survey participants acknowledged that icebreakers can facilitate connection and relationship building within the classroom. Over 50% of participants disagreed (*n* = 19) or strongly disagreed (*n* = 4) that a classroom icebreaker has made them feel like an outsider compared to their peers, and 49% agreed (*n* = 18) or strongly agreed (*n* = 3) that icebreakers help them feel more connected to their peers. Table 2 summarizes the complete survey results.

Table 2

Survey Results

	1 (strongly agree)		2 (agree)		3 (neutral)		4 (disagree)		5 (strongly disagree)		Total
Question	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	***n***
Overall, I enjoy participating in icebreakers.	9.3	4	27.9	12	16.3	7	25.6	11	20.9	9	43
Icebreakers help me feel more connected to my peers.	7.0	3	41.9	18	11.6	5	20.9	9	18.6	8	43
Icebreakers have helped me form trusting relationships with my peers.	7.0	3	25.6	11	23.3	10	20.9	9	23.3	10	43
I have felt uncomfortable during an icebreaker.	44.2	19	23.3	10	14.0	6	11.6	5	7.0	3	43
I have been expected to disclose elements of my personal life I did not want to disclose during an icebreaker.	18.6	8	25.6	11	4.7	2	34.9	15	16.3	7	43
I have been expected to use physical touch with a peer during an icebreaker even though it made me feel uncomfortable (i.e., hold hands).	9.3	4	14.0	6	9.3	4	37.2	16	30.2	13	43
An icebreaker activity has made me feel poor compared to my peers.	16.3	7	30.2	13	14.0	6	27.9	12	11.6	5	43
An icebreaker activity has made me feel less welcome in the classroom compared to my peers.	11.6	5	14.0	6	9.3	4	51.2	22	14.0	6	43
An icebreaker activity has made me feel less worldly compared to my peers.	11.6	5	41.9	18	11.6	5	25.6	11	9.3	4	43

An icebreaker has made me feel like an outsider compared to my peers.	14.0	6	25.6	11	7.0	3	44.2	19	9.3	4	43
An icebreaker activity has made assumptions about what holidays I celebrate.	11.6	5	20.9	9	9.3	4	34.9	15	23.3	10	43
An icebreaker activity has made assumptions about what hobbies I have.	16.3	7	27.9	12	7.0	3	32.6	14	16.3	7	43
An icebreaker activity has exacerbated my mental illness.	9.3	4	14.0	6	16.3	7	34.9	15	25.6	11	43
An icebreaker activity has highlighted a physical disability I have.	2.3	1	4.7	2	11.6	5	44.2	19	37.2	16	43

The final portion of the survey was an open-text question inviting students to list three words describing how icebreakers make them feel. Overall, 70.3% of the responses were words with a perceived negative connotation, while 29.8% of the words were positive. The top two positive words were *engaged* and *connected*; the top two negative words were *uncomfortable* and *anxious*. Table 3 provides a summary of all the terms listed. Given the small sample size, comparative analyses by demographic information were not conducted, as we were mindful that doing so could lead to misleading results or conclusions about demographic differences in the student sample at one institution.

Table 3

*Responses to Open-Ended Survey Prompt "List Three Words to Describe How Icebreakers Make You Feel" (*n = *121)*

Positive words	**# of responses (% of total words)**	**Negative words**	**# of responses (% of total words)**
engaged	6 (4.96%)	uncomfortable	16 (13.22%)
connected	4 (3.31%)	anxious	13 (10.74%)
comfortable	3 (2.48%)	nervous	5 (4.13%)
curious	3 (2.48%)	awkward	5 (4.13%)
interested	3 (2.48%)	bored	4 (3.31%)
fun	3 (2.48%)	stressed	4 (3.31%)
happy	2 (1.65%)	annoyed	3 (2.48%)
excited	2 (1.65%)	judged	2 (1.65%)
welcomed	2 (1.65%)	panicked	2 (1.65%)
acceptable	1 (0.83%)	uninteresting	2 (1.65%)

chill	1 (0.83%)	ambivalent	1 (0.83%)
entertained	1 (0.83%)	bad	1 (0.83%)
heard	1 (0.83%)	coerced	1 (0.83%)
intrigued	1 (0.83%)	dread	1 (0.83%)
introduced	1 (0.83%)	embarrassed	1 (0.83%)
relatable	1 (0.83%)	exhausted	1 (0.83%)
relaxed	1 (0.83%)	fake	1 (0.83%)
		forced	1 (0.83%)
		frustrated	1 (0.83%)
		inadequate	1 (0.83%)
		intimidated	1 (0.83%)
		invasive	1 (0.83%)
		overwhelmed	1 (0.83%)
		pointless	1 (0.83%)
		pressured	1 (0.83%)
		quiet	1 (0.83%)
		rushed	1 (0.83%)
		shy	1 (0.83%)
		small	1 (0.83%)
		uncertain	1 (0.83%)
		uneasy	1 (0.83%)
		unfocused	1 (0.83%)
		unnecessary	1 (0.83%)
		unregulated	1 (0.83%)
		unsure	1 (0.83%)
		violated	1 (0.83%)
		waste	1 (0.83%)
		weird	1 (0.83%)
		worried	1 (0.83%)
Total positive words	36 (29.8%)	**Total negative words**	85 (70.3%)

Focus Group Findings

While only three students attended the 45-minute focus group, participants provided in-depth responses about their perceptions of icebreakers and highlighted their experiences. Three themes were generated by the research team through thematic analysis: revealing inequities, unveiling multiple tensions, and identifying conflict between purpose and outcome.

Theme 1: Revealing Inequities

The participants acknowledged the purpose of icebreakers and their ability to create a sense of community within the classroom. However, students also indicated that icebreakers can unintentionally reveal inequities and disparities within the student groups. One student (SN2) reflected on seemingly innocuous questions about hobbies and leisure time, which instructors may incorrectly assume all students have the freedom to enjoy during semester breaks: "[For] questions about what you [did in] the summer, sometimes I'm like, 'I did nothing, I work the entire summer.' What am I supposed to say?"

Another student (SN3) echoed this sentiment and empathized:

> Maybe someone doesn't feel adequate to their peers about, "Oh, these are kind of my hobbies, these are my achievements." And there's [a sense that], "Well, I haven't really done too much with my life." I could probably kind of see that.

The same participant acknowledged that not all students have the same lived experience when it comes to sharing details about their childhood memories:

> Every time [an] icebreaker comes around and ask [s the] hometown question, … I don't know. I always kind of answer differently just because I never really grew up in [a] hometown, so I could kind of maybe see someone that's moved around a lot.… Well, I don't really have a hometown, so, this time I pick here, next time I'll pick somewhere else.

Theme 2: Unveiling Multiple Tensions

During the focus group interviews, the participants reflected on the format of icebreakers and how they felt when they were asked to participate. One participant (SN1) recalled:

> I was very, very shy and … talking and having everyone looking, I was kind of anxious about it. So that was the worst part, [everyone having their] eyes on me.

This was a common sentiment shared among participants, including by SN2, who reflected on a classroom icebreaker:

> [I] didn't want everyone looking all at me. … Even talking [for a] few moments was really, really stressful. Having to say who I am, why I'm in nursing, and even though it's meant to be harmless, it definitely felt like, "Oh, no." It immediately was like, "I really don't want to do this," hearing that we had to do it.

Theme 3: Identifying Conflict Between Purpose and Outcome

Participants commonly reflected on the purpose of icebreakers as an educational strategy. It became clear that conflict can arise between who the icebreaker intends to serve and the tension created when there is a sentiment from students that the activity is detracting from theoretical content.

One participant (SN3) explained their frustration:

> One time when we had classes back to back to back, I think I had, like, three icebreakers in that day, and all three of them were the exact same questions. … I think icebreakers are more for [instructors] just to kind of get to know … who you are and what you've done, I guess. It hasn't really affected my relationship with my peers. … Everybody thinks they're funny because, well, you've heard [the same answer], like, 20 times now.

Although icebreakers are typically done only at the start of the semester, students acknowledged that the time allocated for them can still detract from the delivery of content intended to meet course outcomes. One participant (SN1) shared, “It’s definitely a challenge getting through all the content and the icebreaker that we did in the first week. We definitely could have maybe gone through a little bit more content.”

Discussion

Results from this small study suggest that students recognize the intent of icebreakers and appreciate the opportunity to learn about their peers; however, our findings deviate from the assumption that these activities are overwhelmingly positive or consistently meet the outcome of creating a professional learning community. The range of responses on icebreakers suggests that the activity affects each student differently. While student responses around potentially microaggressive topics such as holidays, income, disability, and hobbies demonstrated a trend towards mutual respect and mindful implementation, agreement with the statements was not unanimous, and some participants felt the statements in the questionnaire did apply to them.

While some students reported that icebreakers reflected a commitment by nurse educators to building a sense of community within their classroom through having students engage in relational practice, other students had negative experiences. Using a critical lens to examine these experiences, our study suggests that icebreakers can act as a form of microaggression, wherein students can be confronted with societal expectations and norms that fail to acknowledge the diversity of experiences in our nursing programs. According to Williams et al. (2021), microaggressions may be unintentional but still have the potential to cause harm and perpetuate oppressive views and systemic racism. This assertion was echoed by Bell (2024), who states that structural barriers and pervasive white silence persist in nursing education.

Nurse educators likely consider themselves to be caring and equitable in their practice and may face difficulties in challenging the assumption that icebreakers should always be conducted as part of the early stages of group development in a course. Given that mutual trust, respect, collegiality, and authenticity are imperative for professional learning communities, we acknowledge that nurse educators play a pivotal role in promoting relational practice. Therefore, nurse educators are obligated to examine their current teaching practices, as well as nursing program structures and processes, to determine if inequities and microaggressions are perpetuated.

Educators may be perpetuating inequities and feelings of social anxiety despite well-intentioned efforts to make classrooms welcoming, a reality that may be difficult but is necessary for many educators to face. Garland and Batty (2021) similarly suggest that nurse educators must reflect on their position within the world and consider the assumptions they have that may perpetuate oppression and discrimination. Furthermore, Hoseini Shavoun et al. (2024) stress the importance of educators creating supportive and positive environments in which students feel safe expressing themselves, and the critical need for ongoing reflection. Our findings are consistent with nursing literature, which challenges educators to be reflective and critical about the frameworks and theoretical assumptions underlying teaching strategies.

Implications

The results from this small study provide several implications for nursing education and research. Nursing faculty should commit time to considering the format and desired outcome of classroom icebreakers. This recommendation is supported by Garland and Batty (2021), who acknowledge

that nurse educators often feel unprepared to address issues of racism and injustice and require professional development to do so. Furthermore, Pusey-Reid and Blackman-Richards (2022) suggest that nurse educators should commit to changing nursing education culture by challenging the status quo and speaking up against microaggressions. Additionally, nurse educators should consider the broader curriculum when planning courses, including the potential for the redundancy of icebreakers in the early weeks of a semester, which may contribute to students' feelings of boredom, frustration, or disengagement, and determine whether they are necessary to promoting an inclusive classroom environment. To mitigate redundancy, nurse educators can work collaboratively to develop a repository of icebreakers and confer on the types of icebreakers and questions each instructor will use with their cohort.

Icebreakers should be used intentionally and mindfully as one of the multiple strategies nurse educators might apply. Although icebreakers may be practical for creating opportunities to build a classroom community and strengthen relationships, there are other meaningful ways to engage with students. Other options include visual class lists, name tags, office hours, drop-in visits, student social events, and mental health walks (Cooper et al., 2017; Elliott et al., 2016; Windhorst et al., 2016). Technology can be a useful tool for nurse educators to facilitate relationship building through electronic questionnaires or discussion forums, offering students a platform to introduce themselves, ask questions, and mingle with their classmates (Rovai, 2001; Trespalacios et al., 2021).

Further research is warranted to evaluate what constitutes an appropriate icebreaker and to develop an educational toolkit of resources to help nurse educators ensure their icebreakers are a positive experience for all students. Finally, educators are called to be mindful of the social context and situated worldview from which they approach their teaching practices and the potential for dominant perspectives to divide rather than unite students (Blanchet Garneau et al., 2018; Waddell-Henowitch et al., 2022).

Study Limitations

The study has several limitations. Self-selection bias may be present, as students voluntarily chose to participate in this study. We deliberately engaged in recruitment when we knew students would have recently completed an icebreaker in the classroom; however, doing so may have limited the survey response rate and focus group availability, given that students would have competing priorities. Student recruitment took place at one institution, and the sample size was small in the qualitative portion of the study. The recruitment QR code on posters and social media web pages may have been accessed by students who did not fit the inclusion criteria. In an effort to mitigate this, the demographic screening questions required students to answer what stream (4-year direct-entry or after-degree) and year of the program they were in and did not provide an "other" option, so only nursing students fit the inclusion criteria to proceed. Given the timeline of the study funding, it was not possible to extend the study and attempt to recruit additional students in subsequent semesters. Therefore, it may not be appropriate to generalize these findings to a broader audience. Considering this study is an initial step towards discovering student perceptions of icebreakers, this study does not identify or offer recommendations to recognize other potentially equity-perpetuating practices nursing educators may be engaging in within their classroom settings.

Additionally, the survey instrument used in the study was created by the research team using a critical lens, as there were no established tools in the literature; therefore, ongoing testing and evaluation of the questions will be necessary to ensure the data generated support answering the research question and not promoting a personal bias. Some of the wording of the questions—such as item 3 using *trusting*, item 7 using *poor*, and item 10 using *less worldly*—may have been interpreted in a variety of ways by

students and would benefit from rephrasing for future studies. Recall and non-response biases may also be considered limitations, as students may have been unable to answer all survey questions or remember previous icebreakers. Furthermore, when students completed the survey, they were asked to disclose their ethnicity in an open-text box. A total of 27 students identified as white or Caucasian, with four students preferring not to disclose, and we recognize that this constituted a homogenous sample of students self-identifying as the dominant ethnicity within our geographical location, which may not accurately represent the diversity of nursing students in other geographical areas. Finally, despite our efforts to mitigate any real or perceived power imbalance created when faculty conduct research with students at their own institution, students may have still felt that such an imbalance existed and elected not to participate.

Conclusion

Understanding how nursing students perceive icebreakers could help improve student experience and create a more inclusive and positive learning community. Nurse educators have an ethical responsibility to promote justice and address inequities as part of their professional practice (American Nurses Association, 2015; Canadian Nurses Association, 2017). As such, nurse educators must critically reflect on the use of icebreakers, including the questions they ask. Despite good intentions, these activities can often detract from content delivery, reveal inequities, and be divisive rather than inclusive. Although this study was small, the results may inform further research on this topic and curricular changes on how to implement icebreakers effectively and meaningfully.

References

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., & Latimore, D. (2020). Seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. *Academic Medicine*, *95*(5), 758–763. https://doi.org/10.1097/ACM.0000000000003077

Ackerman-Barger, K., Goldin, P., Draughon-Moret, J., London, M., & Boatright, D. (2022). Microaggressions, school satisfaction and depression: A national survey of nursing students. *Nursing Outlook*, *70*(3), 496–505. https://doi.org/10.1016/j.outlook.2022.02.002

American Nurses Association. (2015). *Code of ethics for nurses*. https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/

Barnes, J. (2023). Using SBAR to facilitate effective learning during an icebreaker. *Nurse Educator*, *48*(2), E63. https://doi.org/10.1097/NNE.0000000000001302

Bell, B. V. (2024). "We'd really love to but we're really busy": Silence, precarity and resistance as structural barriers to anti-racism in nursing education. *Journal of Advanced Nursing*, *80*(1), 214–225. https://doi.org/10.1111/jan.15795

Billings, D. M., & Halstead, J. A. (2019). *Teaching in nursing: A guide for faculty* (6th ed.). Elsevier.

Blanchet Garneau, A., Browne, A. J., & Varcoe, C. (2018). Drawing on antiracist approaches toward a critical antidiscriminatory pedagogy for nursing. *Nursing Inquiry*, *25*(1), e12211. https://doi.org/10.1111/nin.12211

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. https://cdn3.nscn.ca/sites/default/files/documents/resources/code-of-ethics-for-registered-nurses.pdf

Chyung, S. Y., Barkin, J. R., & Shamsy, J. A. (2018). Evidence-based survey design: The use of negatively worded items in surveys. *Performance Improvement*, *57*(3), 16–25. https://doi.org/10.1002/pfi.21749

Conrad, R.-M., & Donaldson, J. A. (2004). *Engaging the online learner: Activities and resources for creative instruction*. Jossey-Bass.

Cooper, K. M., Haney, B., Krieg, A., & Brownell, S. E. (2017). What's in a name? the importance of students perceiving that an instructor knows their names in a high-enrollment biology classroom. *CBE: Life Sciences Education*, *16*(1), Article 8. https://doi.org/10.1187/cbe.16-08-0265

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology Nursing Forum*, *41*(1), 89–91. https://doi.org/10.1188/14.onf.89-91

Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE.

Davis, R. K. (2021). Developing trusting–helping relationships through use of an icebreaker activity. *Nurse Educator*, *46*(6), E188. https://doi.org/10.1097/NNE.0000000000001032

Dressel, D. P. (2020). Breaking the ice to build relationships: Using icebreakers to create new relationships, promote emotional safety, and incorporate social and emotional learning. *Journal of Physical Education, Recreation & Dance*, *91*(5), 51–54. https://doi.org/10.1080/07303084.2020.1739434

Elliott, D., Gamino, M., & Jenkins, J. J. (2016). Creating community in the college classroom: Best practices for increased student success. *International Journal of Education and Social Science*, *3*(6), 29–41.

Garland, R., & Batty, M. L. (2021). Moving beyond the rhetoric of social justice in nursing education: Practical guidance for nurse educators committed to anti-racist pedagogical practice. *Witness: The Canadian Journal of Critical Nursing Discourse*, *3*(1), 17–30. https://doi.org/10.25071/2291-5796.96

Herrman, J. W. (2011). Keeping their attention: Innovative strategies for nursing education. *The Journal of Continuing Education in Nursing*, *42*(10), 449–456. https://doi.org/10.3928/00220124-20110516-05

Hoseini Shavoun, A., Adeli, S. H., & Ahmari Tehran, H. (2024). Fostering engagement: A review of icebreakers in academic environments. *Medical Education Bulletin*, *5*(2), 949–959.

Hudson, C. (2023). A conceptual framework for understanding effective professional learning community (PLC) operation in schools. *Journal of Education*, *204*(3), 649–659. https://doi.org/10.1177/00220574231197364

Johnston, M. P., & Nadal, K. L. (2010). Multiracial microaggressions: Exposing monoracism in everyday life and clinical practice. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 123–144). John Wiley & Sons, Inc.

Lee, D. B., Gaskin-Wasson, A. L., Jones, S. C. T., Harrell, S. P., Banks, K. H., Kohn-Wood, L., Sellers, R. M., & Neblett, E. W., Jr. (2021). The daily life experiences scale: Factor structure, reliability, validity, and measurement invariance for African American males and females. *Measurement and Evaluation in Counseling and Development*, *54*(3), 206–218. https://doi.org/10.1080/07481756.2020.1827436

Lett, K., Tamaian, A., & Klest, B. (2020). Impact of ableist microaggressions on university students with self-identified disabilities. *Disability & Society*, *35*(9), 1441–1456. https://doi.org/10.1080/09687599.2019.1680344

Magnuson, M., Vandenberg, S., & Vogelsang, L. (2024). Striving for health equity through nursing education: A critical examination of non-traditional community health placements. *Witness: The Canadian Journal of Critical Nursing Discourse*, *6*(1), 21–32. https://doi.org/10.25071/2291-5796.162

Montague, J., Tsui, J., Haghiri-Vijeh, R., & Connell, M. (2022). Quest to belong: Nursing students' perceptions while transitioning from college to university. *Quality Advancement in Nursing Education - Avancées en formation infirmière*, *8*(2), Article 8. https://doi.org/10.17483/2368-6669.1316

Nadal, K. L. (2011). The racial and ethnic microaggressions scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology*, *58*(4), 470–480. https://doi.org/10.1037/a0025193

Pierce, C. (1970). Offensive mechanisms. In F. B. Barbour (Ed.), *The Black seventies* (pp. 265–282). Porter Sargent.

Pusey-Reid, E., & Blackman-Richards, N. (2022). The importance of addressing racial microaggression in nursing education. *Nurse Education Today*, *114*, 105390. https://doi.org/10.1016/j.nedt.2022.105390

Rovai, A. P. (2001). Building classroom community at a distance: A case study. *Educational Technology Research and Development*, *49*(4), 33–48. https://doi.org/10.1007/BF02504946

Stott, A., & Mozer, M. (2016). Connecting learners online: Challenges and issues for nurse education – Is there a way forward? *Nurse Education Today*, *39*, 152–154. https://doi.org/10.1016/j.nedt.2016.02.002

Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2nd ed.). Routledge.

Torres-Harding, S., Torres, L., & Yeo, E. (2020). Depression and perceived stress as mediators between racial microaggressions and somatic symptoms in college students of color. *American Journal of Orthopsychiatry*, *90*(1), 125–135. https://doi.org/10.1037/ort0000408

Trespalacios, J., Snelson, C., Lowenthal, P. R., Uribe-Flórez, L., & Perkins, R. (2021). Community and connectedness in online higher education: A scoping review of the literature. *Distance Education*, *42*(1), 5–21. https://doi.org/10.1080/01587919.2020.1869524

Vogt, W. P., Vogt, E. R., Gardner, D. C., & Haeffele, L. M. (2014). *Selecting the right analyses for your data: Quantitative, qualitative, and mixed methods*. The Guilford Press.

Waddell-Henowitch, C. M., Kruth, M. L., & Stephen, H. M. (2022). Reiterating a need for antiracism praxis in nursing and psychiatric nursing education. *Journal of Nursing Education*, *61*(8), 439–446. https://doi.org/10.3928/01484834-20220602-04

Williams, M. T. (2019). Microaggressions: Clarification, evidence, and impact. *Perspectives on Psychological Science*, *15*(1), 3–26. https://doi.org/10.1177/1745691619827499

Williams, M., & Halstead, M. (2019). Racial microaggressions as barriers to treatment in clinical care. *Directions in Psychiatry*, *39*(4), 265–280.

Williams, M. T., Skinta, M. D., & Martin-Willett, R. (2021). After Pierce and Sue: A revised racial microaggressions taxonomy. *Perspectives on Psychological Science*, *16*(5), 991–1007. https://doi.org/10.1177/1745691621994247

Windhorst, E., & Williams, A. (2016). Bleeding at the roots: Post-secondary student mental health and nature affiliation. *The Canadian Geographer*, *60*(2), 232–238. https://doi.org/10.1111/cag.12273

Appendix A: Questionnaire

Demographic data:

Which best describes your status in the program?

- ☐ 3rd year
- ☐ 4th year
- ☐ After-degree

Which category includes your age?

- ☐ 18–20
- ☐ 21–25
- ☐ 26–30
- ☐ 31–35
- ☐ 36–40
- ☐ 41–45
- ☐ 46–50
- ☐ 51 or older

What is your ethnicity?

_____

What is your gender?

_____

Which category best describes your employment status? Please do not include hours spent as a student, though you may count undergraduate nursing employee hours.

- ☐ Unemployed
- ☐ Part-time < 10 hours per week
- ☐ Part-time 11–20 hours per week
- ☐ Part-time 21–29 hours per week
- ☐ Part-time 30–39 hours per week
- ☐ Full-time 40 hours or more per week

Questionnaire instructions:

Respond to the statements based on a five-point scale: 1 = *strongly agree*, 2 = *agree*, 3 = *neutral*, 4 = *disagree*, 5 = *strongly disagree*. When considering each question, an icebreaker is defined as "an exercise or activity intended to help group members get to know one another."

1. Overall, I enjoy participating in icebreakers.
2. Icebreakers help me feel more connected to my peers.
3. Icebreakers have helped me form trusting relationships with my peers.
4. I have felt uncomfortable during an icebreaker.
5. I have been expected to disclose elements of my personal life I did not want to disclose during an icebreaker.
6. I have been expected to use physical touch a peer during an icebreaker even though it made me uncomfortable (i.e., hold hands).
7. An icebreaker activity has made me feel poor compared to my peers.
8. An icebreaker activity has made me feel like an outsider compared to my peers.
9. An icebreaker activity has made me feel less welcome in the classroom compared to my peers.
10. An icebreaker activity has made me feel less worldly compared to my peers.
11. An icebreaker activity has made assumptions about what holidays I celebrate.
12. An icebreaker activity has made assumptions about what hobbies I have.
13. An icebreaker activity has exacerbated my mental illness.
14. An icebreaker activity has highlighted a physical disability I have.
15. List three words to describe how icebreakers make you feel: _____

Appendix B: Focus Group Semi-Structured Interview Guide

1. Tell me about your most memorable or most recent icebreaker experience.
    a. What do you remember about it? Why has it stuck with you?
2. How have icebreakers impacted your relationship with your peers or instructors?
3. If you view icebreakers negatively, can you identify what specific aspects of them [icebreakers] make you feel this way?
4. If you view icebreakers positively, can you identify what specific aspects of them [icebreakers] make you feel this way?
5. Do you think ice breakers impact some of your peers differently?
    a. If yes, how?
    b. If no, why not?
6. Do you think icebreakers are necessary to create a positive classroom environment?
    a. Why or why not?
7. Do you think icebreakers can potentially cause distress for students?
    a. How? Can you give me some examples?
8. In your own mind, what makes an effective icebreaker?
9. In your own mind, what makes an ineffective icebreaker?
10. Is there anything you would recommend to nursing educators who do icebreakers in their courses?
    a. Would anything make them better?
    b. Is there anything you would like educators to *stop* doing?
11. Is there anything else you would like to share or add?